

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-028260

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 82

STATE FILE NUMBER

FILED JUL 31 1962

VS 300  
Rev. 4/59

1891

2891

3

4 0

5 2

6

7 0

8 2

9 4201

10

11

12 90-0

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH  
a. COUNTY RAY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN RICHMOND

Length of stay in lb  
25 YRS.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION HOME

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY RAY

c. CITY OR TOWN RICHMOND

d. STREET ADDRESS (If outside, give location)  
407 RICHMOND AVE.

Inside Limits  
Yes ☒ No ☐

Reside on Farm  
Yes ☒ No ☐

3. NAME OF DECEASED  
(Type or print)

First MIDDLE Last  
JOHN HENRY SEEK

4. DATE OF DEATH  
Month Day Year  
JULY 24, 1962

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
DEC. 31, 1885

9. AGE (last birthday)  
76

IF UNDER 1 YEAR  
Months Days

IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
COAL MINER

10b. KIND OF BUSINESS OR INDUSTRY  
MINING (COAL)

11. BIRTHPLACE (City and state or country)  
RAY COUNTY, Mo.

12. CITIZEN OF WHAT COUNTRY  
U.S.

13a. FATHER'S NAME  
CHARLES SEEK

13b. MOTHER'S MAIDEN NAME  
MARTHA KETRON

14. NAME OF HUSBAND OR WIFE  
VISTA D. SEEK. (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) { (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.  
[REDACTED]

17. INFORMANT  
3 ROSCOE SEEK - HANOVER, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH  
sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1959 to death and last saw him alive on 11-27-61  
Death occurred at 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)  
J. P. Crozier M.D.

22b. ADDRESS  
Richmond, Mo.

22c. DATE SIGNED  
7-27-62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
7-27-62

23c. NAME OF CEMETERY OR CREMATORY  
CROWLEY CEM.

23d. LOCATION (City, town, or county)  
RAY COUNTY, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS  
QUEST-LIKE FUN. HOME - RICHMOND, Mo.

25. DATE RECD. BY LOCAL REG.  
7-27-1962

26. REGISTRAR'S SIGNATURE  
M. L. Guckert

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AUG 3 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*August Borchert*

Licensed Embalmer No. \_\_\_\_\_

*4678*

P. O. Address \_\_\_\_\_

*Harding Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.